2020 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement Copy C for employee's records. Control number Corp. Employer use only 000030 R6/ZHQ Employer's name, address, and ZIP code **BI1 SOLUTIONS** 15 CORPORATE PLACE S STE 234 PISCATAWAY, NJ 08854

Batch #90310

e/f Employee's name, address, and ZIP code HEMARAJAREDDY THUMMALA 1107 EKSTAM DR APT# 101 **BLOOMINGTON, IL 61704**

b	Emplo	yer's FED II 46-1137		oer	а	Emple				\ number (-8878
1	Wages	s, tips, other	comp		2	Feder	al	incon	ne	tax withheld
		8	340.0	00						907.67
3	Social	security wa	iges		4	Socia	l s	ecurit	ty 1	tax withheld
		8	340.0	00						517.08
5 Medicare wages and tips 8340.00					6 Medicare tax withheld 120.93					
7	Social	security tip	s		8	Alloca	ateo	d tips	•	
9					10	Depen	deı	nt ca	re	benefits
11	Nonqu	alified plans	3		12a See instructions for box 12					
11	Other				121					
14	Other				12c					
					120		<u> </u>			
					13	Stat er	np	Ret. p	lan	3rd party sick pa
15	State	Employer's	state	ID no.	16	State	wa	ges,	tip	s, etc.
IL 46-1137344 000								8340.00		
17 State income tax				18	Local	wa	ages,	tip	s, etc.	
374.47										
19	19 Local income tax				20	Local	ity	name	•	

Wages, tips, other 8340.00 907.67 Social security wages 8340.00 Medicare tax withheld 120.93 Medicare wages and tips 8340.00 Control number Employer use only 000030 R6/ZHQ 5 Employer's name, address, and ZIP code **BI1 SOLUTIONS INC** 15 CORPORATE PLACE S STE 234 PISCATAWAY, NJ 08854

b Ei	mployer's FED ID number 46-1137344	a Employee's SSA number XXX-XX-8878				
7 S	ocial security tips	8 Alloc	ated tips			
9		10 Deper	ndent care	e benefits		
11 No	onqualified plans	12a See	instruction	ns for box 12		
14 0	ther	12b	i			
		12c	1			
		12d	1			
		13 Stat en	np. Ret. plan	3rd party sick pay		
e/f E	mployee's name, address a	nd ZIP co	de	I		

HEMARAJAREDDY THUMMALA 1107 EKSTAM DR APT# 101 BLOOMINGTON, IL 61704

15 State	Employer's state ID no. 46-1137344 000	16 State wages, tips, etc. 8340.00
17 State	income tax 374.47	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name
	Federal Fili	ina Copy

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Wages, Tips, other Social Security Medicare IL. State Wages, Compensation Wages Wages Tips, Etc. Box 16 of W-2 Box 3 of W-2 Box 5 of W-2 Box 1 of W-2

Gross Pay 8,340.00 8,340.00 8,340.00 8,340.00 Reported W-2 Wages 8,340.00 8,340.00 8,340.00 8,340.00

2. Employee Name and Address.

HEMARAJAREDDY THUMMALA 1107 EKSTAM DR APT# 101 **BLOOMINGTON, IL 61704**

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Wages, tips, other comp.

8340.00	907.67						
3 Social security wages 8340.00	4 Social security tax withheld 517.08						
5 Medicare wages and tips 8340.00	6 Medicare tax withheld 120.93						
d Control number Dept.	Corp. Employer use only						
000030 R6/ZHQ	5						
c Employer's name, address, ar	nd ZIP code						
BI1 SOLUTIONS 15 CORPORATE PISCATAWAY, N							
b Employer's FED ID number 46-1137344	a Employee's SSA number XXX-XX-8878						
7 Social security tips	8 Allocated tips						
9	10 Dependent care benefits						
11 Nonqualified plans	12a						
14 Other	12b						
	12c						
	12d						
	13 Stat emp. Ret. plan 3rd party sick pay						
e/f Employee's name, address ar	d ZIP code						
HEMARAJAREDDY TH	HUMMALA						
1107 EKSTAM DR AF	PT# 101						
BLOOMINGTON, IL 6	1704						
15 State Employer's state ID no. 46-1137344 000	16 State wages, tips, etc. 8340.00						
17 State income tax 374.47	18 Local wages, tips, etc.						
19 Local income tax	20 Locality name						
IL.State Refe	erence Copy						
Wage and Tax 2020 Statement Copy 2 to be filed with employee's State Income Tax Return.							

	2 Federa	I income tax	withheld 907.67] [Wages,	tips, other o	omp. 40.00	2 Federa	I income tax withheld 907.67	_
	4 Social	security tax	withheld 517.08]	Social :	security wag	es 40.00	4 Social	security tax withheld 517.08	•
	6 Medica	re tax withh	eld 120.93	1	Medica	e wages and	tips 40.00	6 Medica	re tax withheld 120.93	
	Corp.	Employer	use only	7	Control	number	Dept.	Corp.	Employer use only	
			5		00030	R6/ZHQ			5	
ar	and ZIP code				Employ	er's name. a	ddress. ar	nd ZIP cod	e	

BI1 SOLUTIONS INC PLACE S STE 234 15 CORPORATE PISCATAWAY, NJ 08854

b	Employer's FED ID number 46-1137344	a Employee's SSA number XXX-XX-8878					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a					
14	Other	12b					
		12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pa					

e/f Employee's name, address and ZIP code

HEMARAJAREDDY THUMMALA 1107 EKSTAM DR APT# 101 BLOOMINGTON, IL 61704

15 State	Employer's state	ID no.	16	State	wages,	tips, etc.
IL	46-1137344	000				8340.00
17 State	income tax		18	Local	wages,	tips, etc.
	374	.47				
19 Local	income tax		20	Local	ity nam	е
					_	

IL.State Filing Copy Wage and Tax Statement

Copy 2 to be filed with employee's State Income Tax Return